

09-07-89 SHIPPER 15580

State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)See Instructions on Back of Page 6
and Front of Page 7Department of Health Services
Toxic Substances Control Division
Sacramento, California

Please print or type. (Form designed for use on elite (12-pitch typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CL AL XI 01010101 21 61 41 8 3	Manifest Document No. 1 1 1 1	2. Page 1 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address PARA PLATE 15910 SHOEMAKER., CERRITOS, CA 90701		A. State Monitor Document Number 38614793				
4. Generator's Phone (213) 404-3434		B. State Generator's ID				
5. Transporter 1 Company Name OMEGA RECOVERY SERVICES		6. US EPA ID Number C A D 0 4 2 2 4 5 0 0 1	C. State Transporter's ID 71032			
7. Transporter 2 Company Name		8. US EPA ID Number	D. Transporter's Phone (213) 628-1091			
9. Designated Facility Name and Site Address OMEGA RECOVERY SERVICES 12504 E. WHITTIER BLVD WHITTIER, CA 90602		10. US EPA ID Number CL AL D 0 1 4 2 1 2 4 5 0 0 1	E. State Transporter's ID			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.	
a. WASTE ORM-A N.O.S NA 1693 ORM-A (FLEXOSOLVENT)		OOS 01024 DM 00/150	G		State	
b.					EPA/Other	
c.					State	
d.					EPA/Other	
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above				
		01				
L. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.						
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Frank F. Hernandez		Signature F. F. Hernandez		Month Day Year 10/21/89		
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Robert J. Cameron		Signature R. J. Cameron		Month Day Year 10/21/89		
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year 1 1 1 1		
19. Discrepancy Indication Space						
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name Frank F. F.		Signature D. L. S.		Month Day Year 10/21/89		